

FMS Foundation Newsletter

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Dear Friends,

The tension surrounding FMS is increasing as more articles and television shows increase awareness of the issues. Many therapists seem to feel that FMSF is attacking them. Many families, especially parents in their 70's and 80's, tell us that FMSF is not acting quickly or strongly enough. Misconceptions and misunderstandings surely contribute to the problem. How can we reconcile different views quickly and calmly?

As we have had the opportunity to speak to groups of therapists in the past month, we have been able to learn of some areas of concern to them: *How is FMSF funded? How do we know that the parents have not forgotten their abuse and are in denial? Is there really such a syndrome as FMS? Is FMSF suing therapists?* When we have been able to talk with professionals about these and other questions, we have found that there are more points of agreement than there are differences. We will address some of these questions and other concerns in this newsletter.

We will start by separating questions into various categories. Perhaps by categorizing problems, solutions that once seemed impossible will begin to emerge. It seems to us that the issues related to FMS are scientific, political, legal, therapeutic and maybe economic. Perhaps others will suggest better categories.

Scientific Issues:

The scientific issues involve the nature of memory and this is the fundamental concern of FMSF. Is there any scientific evidence for any process for memory of events other than that in which fragments are reconstructed and reinterpreted? Is there any other way to think about memories of events other than that some memories are true, some a mixture of fact and fantasy and some false?

Speakers at the Memory and Reality Conference held in April 1993 included the most prestigious memory researchers in the world. Their collective opinion is that there is no conclusive scientific evidence to the contrary. Their collective opinion is that childhood amnesia exists (although there is lively debate on the ages), and that people can be influenced to remember events that did not happen.

There are three papers that have been widely cited as providing evidence for a process of repression that would explain forgetting many different events over a period of many years (Herman and Schatzow, 1987; Briere and Conte, 1989; Williams, 1992). When examined critically, it is clear that these papers support the notion that people

forget many things, a point that is not at issue. That does not mean that these are not important or valuable papers to help us understand the long-term effects of child abuse. It only means that they do not provide conclusive evidence for a memory process that could explain a process of "repression" of many repeated events that took place over many years.

Therapists have chided us for neglecting to discuss current trauma research. We were advised to examine papers by Van der Kolk and by Schacter and Kihlstrom. It is our understanding that the work of Van de Kolk is concerned with some classic Janetian concepts of dissociation but aside from clinical cases, there is no claim to provide conclusive evidence for repression of the memory of many events over many years. The work of Schacter and

Kihlstrom argues that infantile and childhood amnesia is a normal psychological phenomenon that has nothing to do with trauma. Work in this area is important, especially in feminist therapy and to our understanding of the long-term effects of trauma. It does not contradict the weight of scientific evidence that memories of events are reconstructed and reinterpreted and that some memories are true, some a mixture of fact and fantasy and some false.

Another paper that therapists have told us offers evidence for repression of repeated events taking place over many years is that of Lenore Terr, 1991, "Childhood traumas: An outline and overview," *American Journal of Psychiatry* 148:1. Terr argues that a single traumatic event will be remembered but that a series of traumatic events will be repressed. She claims that the recovered repressed memory of these events will be more pristine. This is a theory. The weight of current scientific evidence is that memories of events are reconstructed and reinterpreted.

What type of evidence would support such a theory as Terr's? That is being discussed and argued and weighed in professional forums right now. There is a division between clinicians and researchers on what is to be taken as evidence. The task forces that have been formed by the major professional organizations will have to resolve the confusion within the professional community. Will they hold to traditional standards of science or not? This is the concern of FMSF.

The question of whether the parents could have forgotten the abuse and are in denial is an empirical question. Of course it is possible. But is it probable? Evidence should be weighed in terms of probabilities and possibilities. People who contact FMSF ask to have an objective body examine the evidence to determine if they are in denial and guilty of the terrible crimes with which they are accused, or if they are falsely accused. The question

*Excerpt from "Entire Lives" by
Albert Goldbarth. New Yorker,
May 17, 1993*

"That afternoon, in her therapist's office, several questions backtrack to her childhood. A part of her is five and half-remembering / no inventing / no, remembering / now there isn't any difference / monstrous things."

FMSF asks the professional community is what would constitute evidence that the parents are not guilty.

One person told us that she was sure that the 18% of the families accused of satanic ritual abuse were not guilty. She said that if they had really done it, they would turn to the cult for support not FMSF. This is interesting logic, but it does not answer the question: what is the evidence that would be accepted that an accused person was not guilty?

Political Issues

Judith Herman, M.D. and others have said that we are dealing with political issues. The vocabulary adopted by the media supports this. Whether there is proof or not, accusers are called "survivors" and the accused are called "perpetrators." This month, we were on a panel in East Hartford, CT that was sponsored by a private clinic, much of whose work involves survivors. When we arrived, there were six pickets outside. An organizer of the conference spoke to the pickets and invited a spokesperson to participate in the meeting, but the offer was politely declined. Why? A complaint of the pickets was that there were no survivors at the conference. Had they come in, they would have noted that survivors constituted a significant portion of both the panel and the audience. When people picket, it is confirmation that political issues are at stake. But what are those issues?

There is a tremendous fear that by raising the question of whether a memory could be false, FMSF will set back the clocks to a time when women and children who tried to say that they had been abused were ignored or often made to feel that they were to blame for the abuse. We are very concerned about that possibility. No one that we know wants a return to a situation that was wrong and was not good for women and children. The question we have asked is, "Can an accusation of abuse be wrong?" If even one accusation is false, then there must be criteria for examining such accusations. False accusations do indeed raise the possibility that it will be more difficult to believe any accusations. Therefore, it is important to have consistent and reliable procedures for dealing with this issue.

One therapist suggested to us that the FMS phenomenon and the picketing was really a "metaphor for the devaluation of women in our society." That same day we read that Susan Herrick, a singer who claims she is abused, reported that "Some of my memory is literal, some is metaphoric. To me, what is more important than what really happened is what I felt." (Philadelphia Inquirer, June 16, 1993)

Is the FMS phenomenon a metaphor? To accuse -- as a metaphor? Making criminal accusations based on metaphor rather than historical fact will trivialize the sexual abuse of children and women. A recent article in the *New York Times Magazine*, by K. Roiph, 6/13/93, made a similar observation, "In their claims of a date-rape epidemic on campus, feminists subvert their own cause."

Is the survivor movement a political movement? At least one claim for this is found in survivor literature.

The 50,000,000 survivors in the United States shall join forces as a moral, educational, and political power."

(The Chorus, V, 3, May-June, 93, Survivor Proclamations).

Where does the political aspect come from? Is the figure 50 million survivors accurate? Where does it come from?

During the past decades, women have pointed out that medical research, treatment and diagnostic criteria neglected the concerns of women. That is just beginning to change as a result of the active lobbying of women. It has been hard work to change the institutionalized biases.

During this period, feminist therapy developed for the same reason. Some women felt that traditional orientation classified women as pathological when their symptoms were really the result of a cultural experience that was different from men's. A particular point of feminist therapy is that "trauma," which has classically been defined as something outside of normal experience, is an integral part of the life of women in a society controlled by white male Christians. The statistic that one out of three women has been sexually abused before the age of 16 is cited as evidence that women have been unwitting victims of a rape-accepting culture. The claim is that rape is so common in our society that, "many women who have never been raped have symptoms of rape trauma" (Laura Brown, "Not outside the range: One feminist perspective on psychic trauma," *American Imago*, 48, 1.) The political aspect formed as this branch of feminist therapy moved to a "social change" orientation. For women to be better, society must change. Survivors seem to believe they are working for a 'cultural revolution,' and that therapy is the means to bring about this change.

To understand the current FMS phenomenon, we can study other such movements and the way they often take on a life of their own. This is what seems to be happening with FMS. Robert Jay Lifton in *Thought Reform and the Psychology of Totalism*, U of N. Carolina Press, 1961 provides a starting point for understanding the current 'cult-like but not a cult' behavior of people who identify themselves as survivors. Cult-like behaviors such as "confession," (the exposure and renunciation of past and present evil) and the "reeducation" (remaking the person in the survivor-victim image) are characteristics of movements that become totalistic in their thinking, i.e. view the world in terms of totally right or totally wrong. Even the "confrontations" in the therapists' offices begin to make some sense as mock trials within a political/cultural revolution. This interpretation meshes with parents' comments that their children have been "brain washed." We have not been able to make sense of the cruel behavior and senseless destruction of families in terms of "therapy." This is behavior that can be found in political movements.

When FMSF questions the reality of some claims of "repressed memories," it is viewed as a challenge by the political movement. The FMSF issue, however, is scientific: what is the scientific evidence for memory of events.

Therapy Issues:

When we spoke to one group of therapists this month, they told us that they had worked hard for their credentials and their licenses, and they assumed that the boards that had certified and licensed them were monitoring their profession. They were surprised to learn that it was possible for almost anyone to get a small business license and to promote themselves as a therapist. At the conclusion of the meeting these therapists commented that they must see to it that simplistic "check lists" of symptoms of abuse are abandoned and that more careful monitoring of many aspects of the profession were needed. The therapists at this meeting suggested that FMSF could serve a valuable function as a group concerned for consumers of mental health care.

We understand that some therapists may feel threatened when we raise the question of measuring the effectiveness of various therapies and defensive at the thought that we are suggesting that they are implanting memories. Our concern is with the profession, not individual therapists. We are working with professionals. We ask that therapists reflect on their assumptions and on their practices. Should therapy be political and if so what are the boundaries? If some therapists use age regression hypnosis in space alien abduction therapy and in past life therapy then it is a fair and honest question for consumers to ask for the evidence of benefits of this therapy, especially since their insurance is paying for it. We ask that professionals demand the most accurate and scientific information possible when they attend continuing education workshops. We ask that they act with great care in the extremely complicated issues that arise with an accusation of abuse. We ask them to remember to do no harm.

We know all too well that there are unfortunate situations in which parents neglect and harm their children. We know that most therapists are doing their best to stop such deplorable actions. That is what we want too.

Legal Issues

Critics accuse FMSF of encouraging lawsuits. That is not correct. FMSF does not encourage or discourage lawsuits. It does not provide legal advice per se. As part of the educational goals, it does make resources available to accused persons and their counsel. It documents cases based on repressed memories, especially cases of persons in direct contact with the foundation. Most of these persons are accused parents or family members. Some are accused teachers, mental health professionals or others in trusted positions. Others are former clients of therapists and they now believe that their memories were implanted. One out of seven reports to FMSF involves some stage of legal action taken against a person identified in "memo-

ries" elicited in therapy. Information about these cases is available in the Legal Survey that can be ordered from FMSF.

It seems odd that FMSF is accused of pursuing lawsuits at a time when suing has been established as a therapeutic process. *Courage to Heal*, for example, has been advising clients to get strong by suing since 1988 and lists lawyers who will take these cases. A sufficient number of cases have been brought that at least one insurance company has sent notices stating, "Your policy was never intended to cover injury and medical expenses resulting from alleged, threatened or actual sexual, mental or physical molestation or abuse of children." No professional organization has said that suing is not established or recommended therapeutic practice. At a recent meeting we attended, a lawyer suggested to therapists that they have clients sign a release form if they use hypnosis. This recommendation was made so that clients could not later sue therapists because "memories" recovered in this fashion

would not be admissible in court by the client who was suing her parent perpetrators. The National Organization for Women has a book entitled, 'How to Sue Your Parents.' This is not to say that people should not sue perpetrators or anyone else. Suing may indeed be one of the most effective therapeutic practices in use. What do the outcome studies show?

The Franklin case in California in November, 1990, was the first time in our country that anyone was ever convicted and sent to prison solely on the basis of uncorroborated recovered repressed memory. Since then, there has been an explosion of repressed memory cases.

George Franklin, in a precedent-setting case, was convicted of first-degree murder of Susan Nason on the testimony of his daughter Eileen who claimed that she had a flashback of a scene twenty years earlier. According to Harry MacLean, a lawyer who has researched this case, the only major facts that Eileen presented were those that appeared in the newspapers at the time. (Harry MacLean, *Once Upon A Time: A true story of memory, murder, and the law*, Harper Collins, 1993.)

This case has been cited to us as proof of repression. According to MacLean, (p 106) Eileen told her mother "that she had visualized the killing while under hypnosis." After learning that hypnotically enhanced evidence was not admissible, she then said that she had not told the truth, that she had retrieved the memory in a dream. Later she said that she had retrieved the memory in therapy. The final version was that she had retrieved the memory when she had a flashback looking at her own daughter.

The expert testimony about memory was presented

"Strange as it may seem for such an exacting discipline with such potential to influence people's lives for good or ill, psychotherapy is not a licensed profession. Therapy is an 'unregulated field.' No regulatory body at any governmental level oversees certification and maintenance of professional standards for the practice of psychotherapy as such, though standards exist for psychiatry and the other professions most psychotherapists belong to. Legally, anyone can call him or herself a 'psychotherapist.'" p 73

The Consumer's Guide to Psychotherapy by Jack Engler, Ph.D. and Daniel Goleman, Ph.D. published by Simon & Schuster, 1992.

by Leonore Terr, M.D., David Spiegel, M.D. and Elizabeth Loftus, Ph.D. Spiegel and Loftus presented testimony that reflects the mainstream view of memory researchers. Terr presented testimony that was believed by the jury. Terr testified as a psychiatrist who was an expert in this area. She claimed that a Type I trauma, a single "blow," will be remembered. A Type II trauma caused by multiple incidents will be repressed. She also testified that true memories are rich in detail and emotional.

This Franklin case started a debate in the legal community, the legislative community, the therapy community, the media and the public, but memory researchers have remained consistent in stating that memories of events are reconstructed and reinterpreted. Yet in state after state, legislatures have made "repressed memories" a matter of law as they have extended the statutes of limitations and written into law that repression exists.

"Repression" is becoming defined by the legal system and is no longer many different theories for which researchers have been searching for evidence for more than sixty years. At the same time, therapists have introduced the practice of using the legal system as a part of therapy. Psychology and law have merged.

Pamela

Recent Legal Decisions

The following decisions and related information were sent to the FMSF office in the past month.

Milwaukee Journal, June 23, 1993

A woman, 54, accused father of childhood abuse that she didn't remember until therapy after a 1986 car wreck. The request was dismissed because suit was not filed within two-year limit. Supreme Court's majority said, "We do not discount the psychologist's perception that shifting the blame is therapeutically significant, but we think it inappropriate to tailor statutes of limitation to therapeutic goals."

Illinois Daily Herald, May 26, 1993

A DuPage County judge dismissed a \$12 million lawsuit filed by a woman who claimed her father had sexually abused her from 3 to 18 years old. She said she had blocked the abuse out of her mind until treatment with sodium amytal. In the lawsuit the woman claimed that she had been in psychotherapy since age 14 and that the abuse had caused so much damage that she was unable to work. The therapist who administered the amytal said that the use of sodium amytal often draws out fantasy-based feelings and thoughts, along with actual recollections.

The judge is quoted: "When the only evidence the plaintiff has are recollections which her own treater (psychotherapist) says may be fantasy, then there's nothing for the court to do but dismiss the claims."

United States District Court in Connecticut

An Appellate Judge ruled in limine on the defendants request to exclude testimony of the plaintiff. "Since the plaintiff concedes by admission that she has no pre-hypnotic recollection, and post-hypnotic recall is inherently

unreliable, prejudicial, non-probative, and is not based on personal recollection, as a matter of law and science, this Motion should be granted."

Detroit News, Detroit Free Press May 28, 1993 Michigan

An Oakland Circuit Court judge dismissed a sexual abuse lawsuit filed against a father by his 37-year old daughter. The daughter claimed that she remembered during therapy in California when she was 33 that her father had performed sexual acts on her for about eight years starting when she was four. She remember that he sodomized her with a screwdriver and performed oral sex at age 9 during a family trip to Niagara Falls. The judge ruled that there was inadequate psychological support for the "repressed memory" theory.

(Although the statute of limitations on personal injury claims in Michigan is generally three years, the time limit can be extended if the person bringing the claim can show his or her memory has been repressed.)

The defense attorney contended that the therapist had denied using age regression therapy. The therapist said she merely used relaxation techniques to help the client feel comfortable.

The judge noted that the therapist was a marriage and family counselor who was qualified only as a \$5 an hour intern, and had failed an oral examination for certification. The key psychological witness testified she was unaware that plaintiff had taken hallucinogenic drugs before therapy that could have affected her memory.

The father, 61 years old, said "I've always said it did not happen, but what did I win? The other side is still saying I'm guilty."

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Santa Ana, California, June 1993

Lawyer William B. Craig, J.D. informed us that in Orange County Superior Court, a jury took just two hours to return a defendant's verdict. The trial had lasted for two weeks. Seven incidents over a twelve year period of time were alleged. The jurors stated that based on the evidence that was presented, they simply did not believe that the defendant performed the alleged acts. They found that the events either could not have happened or they were such trivial acts that they could not have constituted a sexual abuse incident.

Witnesses statements and other contradictory information showed that the events could not have happened. Craig said that he used a chart in his final argument that he felt made the issues clear. The jury also said that they did not even have to consider the question of "repressed" memory because they were so convinced that the events did not happen.

Dallas, Texas, June 1993

A Dallas lawyer reported that several therapists who induced false memories ended up paying substantial six-figure settlements to his client. The settlement resolved the case brought by a former client against her therapists.

"We do not discount the psychologist's perception that shifting the blame is therapeutically significant, but we think it inappropriate to tailor statutes of limitation to therapeutic goals."
Wisconsin Supreme Court majority opinion, June 1993.

The settlement was sought for inducing memories and for the fact that their conduct fell below the standard of care.

Minnesota and Texas, October 1992

The ABA Journal (February, 1993) reported in an article called "Liability for spouse's abuse: New theory holds mothers accountable for failing to protect children" that although homeowners' insurance policies exclude coverage for intentional wrongdoing, they do cover claims for negligence. In cases that did not involve "repressed memories" a Scott County Minnesota District Court jury and a Texas County Court Judge awarded multi-million awards for compensatory damages to children now in their late teens because their mothers had not protected them from the abuse.

Seattle, Washington, June 1993

A Superior Court case involving alleged abuse taking place 17 to 23 years ago in which plaintiff requested 3.4 million dollars was dismissed with prejudice. The judge wrote, "The court is concerned in this case with historical fact: what actually occurred between plaintiff and defendant in the years 1970-76. Plaintiff has the burden of proof. She must show, by a preponderance of the evidence, that the abusive conduct she now recalls in fact occurred. The issue the court must resolve... is whether it is more probably true than not true that the defendant sexually abused plaintiff... In deciding this case the court cannot rely on intuition or decide the case based on sympathy or prejudice. It must limit itself to the testimony and exhibits admitted into evidence... Because the court has concluded that plaintiff has not shown that it is more probable than not that defendant abused her, judgment will be entered in favor of defendant dismissing plaintiff's claim with prejudice."

Cleveland, Ohio, Plain Dealer, June 19, 1993

A group of 40 parents were invited to speak to the Ohio State Board of Psychology. The parents asked the Board to establish guidelines for therapists who suspect their patients were molested as children. "Board members agreed that the huge increase in the number of repressed-memory cases is disturbing and said enactment of new standards is being discussed at state and national levels."

Concord, New Hampshire - reported in Providence Journal, June 23, 1993

"State regulators stripped a psychologist of his license after he convinced a patient and her husband that she was in danger of being killed by satanic forces...regu-

lators said that allowing him to keep practicing poses a threat to the safety of potential patients." The patient complained to the board about the therapist, Roland Spencer, last year. "According to the board, Smith told the client's husband to keep her at home to prevent her from falling victim to a satanic cult."

Boston, MA, reported in Philadelphia Inquirer, July 3, 1993

In U.S. District Court in Boston, an MIT researcher was ordered to pay his daughter, now 31, \$500,000. The daughter claimed her father raped her hundreds of times from age 4 until 16 but that she did not remember it until she was in therapy in 1985. The mother, who divorced the accused in 1984, testified she did not witness any rapes but remembered seeing him on top of another daughter in bed when she was 14 and once saw him grab a baby sitter's breast. During the seven-day trial, the father argued that the suit was void because of the statute of limitations. The father is quoted as saying, "She said she was raped 3,000 times and no one saw anything. It seems to me her mental problems would fit the criteria of borderline personality disorder. I never did anything."

How the British See Us

"The spate of adults 're-covering memories' of childhood abuse which has swept America owes not a little to the expensive encouragement meted out to distressed young women by psychiatrists of one sort or another..."

"A client who comes to the conclusion that she has been sexually abused is, after all, likely to need far more intensive treatment over a far longer period of time than one

who is merely found to be suffering from a few easily-worked through fantasies..."

"America is presently riven between self-proclaimed incest survivors and skeptics who range from those extremists who deny the prevalence of child abuse at all, to moderates who merely think the matter has got out of hand..."

"Never mind Freud's integrity—was he right or was he wrong?"

Claudia FitzHerbert
London Daily Telegraph
May 21, 1993

Correction: In the June newsletter under the section "How the British See Us" the date of the article should have been May 2, 1993.

WHERE DO 4,638 FAMILIES LIVE ? JULY 1, '93

AK (9)	AL (18)	AR (14)	AZ (132)	CA (767)
CO (73)	CT (48)	DE (16)	FL (192)	GA (56)
HI (6)	IA (33)	ID (22)	IL (199)	IN (45)
KS (46)	KY (18)	LA (18)	MA (124)	MD (76)
ME (22)	MI (150)	MN (85)	MO (88)	MS (2)
MT (33)	NC (62)	ND (6)	NE (22)	NH (19)
NJ (115)	NM (34)	NV (21)	NY (207)	OH (152)
OK (41)	OR (109)	PA (249)	RI (13)	SC (19)
SD (12)	TN (31)	TX (171)	UT (156)	VA (64)
VT (20)	WA (214)	WI (146)	WV (8)	WY (8)
	DC (6)	VI (3)	PR (1)	
Canada :	AB (18)	BC (50)	MB (39)	NS (8)
ON (142)	PQ (4)	SK (7)	PE (1)	NB (7)
Australia (3)	England (150)	France (2)	Germany (1)	
Ireland (1)	Israel (2)	Netherlands (1)	New Zealand (1)	
<i>Each family represents many people.</i>				

CLINICAL PRACTICE LITERATURE

Although we do not know the truth or falsity of any report, nor can we know what transpires in therapy sessions, we can learn what therapists believe, what they expect, and what they practice from what they publish in the literature. In the absence of professional statements to the contrary, we must assume that what we read is what the profession approves. This month we read an article published by the Mental Health Association in Tompkins County, NY, Spring 1993. "Helping Sexually Abused Clients to Remember: The Use of Forceps in Psychotherapy" (Mitch Bobrow, MSW, States of Mind).

Readers should obtain the original and not rely just on these excerpted passages to document the practice advocated by an established mental health agency. This article appears to state that (1) therapists believe that clients' problems are due to past abuse not issues of the here and now, (2) therapists expect that clients will not remember this abuse and so the therapists job is to help clients find memories, and (3) suggestive and invasive techniques are necessary and appropriate for this purpose.

Because a cultural healing is beginning, the taboo against talking about sexual abuse is slowly lifting. Many abuse victims are heading into therapy not realizing at first that underneath their daily difficulties and hang-ups lies a buried memory of sexual abuse. Trained therapists can often spot the signs indicating an incestuous past...

The healing process can not be completed until the childhood memories that were stuffed into the subconscious during the abuse are remembered, talked about and openly acknowledged. "The truth shall set us free" remains the basis for all deep psychotherapy...

This process of regaining one's memory requires that the therapist be both focused and directive. The first stage of the process is the relaxation phase. I usually begin by conducting a five or ten minute relaxation process asking the client to concentrate meticulously on the sensations associated with breathing. By creating a formal period of relaxation, the client often feels a detachment from day to day life which makes it easier to access the subconscious. The disadvantage of this formal relaxation is that clients sometimes distrust the material that the subconscious divulges because it didn't emerge in the normal manner...

"Medicine women and medicine men from native cultures usually became healers because of their own wounds which was part of what "qualified" them for the healer's journey. In western medicine to have "problems" tends to disqualify one from preparation for the healing arts. Two exceptions exist: those who work with addictions and those who work with the survivors of trauma."

Conference brochure. Building Bridges: Sexual Recovery and Restoration, June 9-12, Scottsdale, AZ.

Part II of the process I call the 'affirmation stage.' Now that the client is relaxed, I introduce an affirmation which may be a simple sentence like 'I'm ready to remember everything' or 'I'm ready to talk about what happened to me as a child.' I ask the client to say the sentence out loud...

Usually, more probing is necessary as a willingness to remember must be supplemented by some direct digging. If no memories begin surfacing and while the client is still deeply relaxed I begin asking simple questions like "What happened to you?" over and over again...

If the client remains frustrated and wishes to continue the therapist can up the ante by asking the client to say certain key phrases loudly. For example, "Take your hands off me!" repeated vehemently will often penetrate the subconscious and allow memories to surface...

The therapist must be alert to the client's needs. "Take your hands off me!" might not work as well as "Stop choking me!" for example. Ask the client what phrase he or she suspects might evoke the strongest sensations. Then stay open to where the client intuitively leads...

As clinicians we must stay rooted in an abiding faith that the truth does indeed set us free. Because it is human nature to bury traumatic childhood memories, therapists must gently but consistently support their clients to remember...

The body remembers what has happened to it. A repressed memory is never erased completely. To cope with pain, children leave a part of themselves during abusive episodes. Nevertheless some part remains and records everything. Repressed memories often emerge as fleeting pictures or staccato and mysterious memory fragments. It is difficult at first to make sense of how the images fit together.

In time as more images surface an intuitive distinction between memories and fantasies arises helping the client and therapist piece together the whole picture of abuse...

The gradual wearing down of a victim's defenses can occur more rapidly and thoroughly when the therapist uses directive and focused methods. In childhood, a forceps delivery gets the child unstuck so that life can begin. When working with sexual abuse survivors, using a directive and forceful psychotherapeutic tool may help shorten a client's recovery process by months or years...

Controversial Article

We were questioned recently about an interview that was given by Hollida Wakefield and Ralph Underwager for a Dutch journal concerned with pedophilia, (Paidika, 1993). Dr. Underwager believes that parts of this interview could be misinterpreted to mean that on occasion he might be supportive of pedophilia when he definitely is not. Given that possibility of misinterpretation, he believes it in the best interest of the False Memory Syndrome Foundation if he step aside from the Scientific and Professional Advisory Board.

Dr. Ralph Underwager and Hollida Wakefield have said that they will discuss the article and clarify their statements with anyone who is interested. Their number is 507-645-8881.

The FMS Foundation as well as psychiatrists and psychologists who work with children and understand the nature of childhood are adamant that sexual contact between adults and children is reprehensible and appropriately punished by law. The FMS Foundation soundly supports such laws. It sees them as enforcing that which is given in life and as protecting a vulnerable group of people -- children -- from adults who would hurt them.

The issue of concern to the FMS Foundation is false allegations and, consequently, the establishment of criteria that can help prevent false accusations from occurring or that can help resolve disputes if they do occur. The domain of our concern is allegations that arise on the basis of "recovered memories." To that end, we try to present accurate information about memory and alert people to the fact that false accusations are a growing problem.

FROM OUR READERS

The Confrontation

"The daughter told her father that she discovered in therapy that she had been repeatedly abused as a teenager, that she had had two abortions, both of which the parents arranged. She gave considerable detail about these abortions, which she had no awareness of until she was well into therapy...One of the abortions was supposedly performed by the father and mother but botched, requiring treatment in the emergency room. The second was supposedly done in a physician's office. When the father suggested that the records be checked, the daughter insisted that he had used an alias to protect himself. The father suggested that he could not have afforded paying for these services without using his insurance, but this was passed off by the daughter. The session ended with the

daughter announcing that she would leave town and that their relationship would not continue unless the father confessed."

Parents

Why?

"What I don't understand is the reason for psychologists believing this. Is it because there is a new trend in treatment, new proven therapies? Or is it like amateur or newly trained graphoanalysts - knowing everything and nothing? Or is it just money?"

A Mom

The Restraining Order

"Our daughter had a restraining order issued against her father. The charges were incest, rape, and murder. She claimed she was molested from the age of three months on. She also accused him of murdering three women, one of which he was to have cut up and put through a meat grinder and made her watch. She even drew pictures of the three women. My husband was thoroughly investigated by investigators in two counties. We were unaware of the investigations until we were called down to the Sheriff's office. They interviewed us separately and at the conclusion agreed that something was definitely unstable about our daughter. They were upset at the cost involved in the investigations and seemed to think that her psychologist and psychiatrist were at fault. My husband had to take a lie detector test which he did very willingly and passed with flying colors. Absolutely nothing turned up in the investigations.

"We went to the Courthouse to respond to the restraining order. My husband was not allowed to be present at the hearing. Our other children were present. I had an opportunity to speak to my daughter who appeared very pale, puffy and waxy-looking. She spoke as though she was a robot and accused me of being in denial. She requested that the restraining order be extended and upon advice of our attorney and concern for our daughter, we agreed. In the restraining order, she threatened further action against her father. All of the conversation at the courthouse involved the two attorneys. None of the family spoke.

"Since that time my daughter informed me that I would never be able to see the grandchildren. I continue to write her little notes but receive no response. We are continuing our prayers for a resolution to this bizarre situation."

A Mom

My Wife

"My wife is a "survivor" and a MPD. I don't believe her memories or her illness but I have tried to support her and understand the influences that have brought her to this point. In that attempt, I

have attended many survivor meetings and for a while a spouses group. I intend to work for years to come in exposing the fraud the therapeutic community has wrought on my wife, our family and so many other people." **A Husband**

My Sister

"My sister called to say that she was beginning a year's 'leave of absence' from the family, meaning my mother and father. She asked whether I would be her conduit of information about their wellbeing so that she would be able to know when and if something 'happened' to them. I declined to take on this role. I also advised her that I thought it would be decent if she were to let them know what her plan was so that they wouldn't be surprised or baffled by her sudden disappearance from their lives. She was initially resistant to this suggestion and the question was left unresolved. I said I thought it was cruel and cowardly to sever contact with no notice or explanation."

"My sister has become for me an example of the dangers of coming to regard oneself as a victim. It seems self-enslaving, allowing her to postpone indefinitely the challenge of going forward and taking responsibility for and control over events; it also seems to provide justification for a surprising degree of cruelty. The saddest thing I realized during the year of her declared withdrawal was that I didn't miss her and that I didn't trust that she bore goodwill toward me or my family." **A Brother**

From Parents Who were Sued

"We are sure that our daughter dropped her legal action against us because all three of our other children resisted her hints and insinuations and suggestions that they enter therapy, too, to find their memories. They also did this in their depositions by her lawyer.

"We think that it is very important for families who are accused to obtain written statements from siblings and other family members as soon as possible after the accusation is made. In report after report that we have heard stories keep changing with time. We think that it is important to establish what others believe at the time of the accusation. With only the accuser's statements and no corroboration by siblings or others, people might be less likely to sue and the attorneys who want to get a reputation at the expense of innocent families might think twice before taking such a case."

A Mom and Dad

Insurance

"My homeowners insurance paid my attorney as well as paying a settlement fee (which they

originally said they would not do) because my attorney convinced them if we pursued the case, the cost would be in excess of \$100,000. This in no way is an admission of guilt and I am relieved to have it over with. The case against her father was settled months ago." **A Mom**

Letter from a parent about FMSF finances

I urge you to return to the time when you initially learned of being falsely accused and the lonesome helpless feeling that followed. Where could we look for any kind of help for this defenseless situation? We thought we were alone after being pushed into a bottomless pit by our accuser, aware of the stigma attached to such an accusation, yet resisting calling out for fear of further scarring of our troubled loved one.

Awareness of FMSF presented our first opportunity for hope and even then we reached out with caution to contact FMSF. (In these times of

scams, schemes, etc. could FMSF have a false front for falsely accused and really have a money seeking orientation?) FMSF has more than lived up to its objectives by bringing us together as a united voice,

meeting other families and qualified professionals in the mental health field, and through the newsletters informing us about the issues and keeping us advised about the media.

My concern is that there are families who have received the benefits of FMSF but have not financially contributed. It takes money to maintain the 800 number, to phone each new family (usually 30 to 60 minutes) when they first contact FMSF.

If you don't think FMSF yearly membership of \$100 isn't one of the best bargains you've ever received, then disregard this message. Send your 1993 membership dues (if you have not already done so) and consider an additional contribution if possible.

A Very Concerned Parent

My Story

"My daughter called her brother to come up to her house which is 100 miles away because she was going to the therapist and felt a breakthrough coming. The breakthrough was the memory that her father had molested her 20 years earlier from the age of 5 to 9. It was supposed to have taken place in the small room she shared with her sister who is five years older. Her brother went with her when she had this revelation but he was not allowed to talk to the therapist. Her sister, two

"I will never forget what it meant to grow up during a time I don't remember!"

Gary Trudeau, June 1993.

brothers, grandmother and I are all supposed to be in denial. She doesn't have any details. Maybe if she can see another movie like "Not in My Family" she can find some more details!"

"I called her on the phone and asked her to talk to me but that has to be approved by the therapist and of course the answer was 'No.'"

A Mom

A Returning

"A year after 'the LETTER' our daughter, who had never totally broken off contact with her mother, said, when arranging a visit with her, 'Why don't you bring Dad?' And we went and had a totally normal and comfortable full afternoon with the daughter and her children. She offered genuine hugs and kisses which we received gratefully and returned in kind. She said twice to me, 'I love you Dad. Always have and always will.' Our son-in-law also comported himself in his former warm and caring way. But of course, not a word or a hint of anything from the past year."

"Obviously, we're in the group who have accepted contact under any condition - retraction was not a requisite. We, however, are confused and I am very reluctant to instigate a probing conversation with this daughter. Our hope is that she will provide a verbal opening sometime in the next few months."

A Dad

Tearing Families Apart

"Some days I want to go to my sisters and hug them and tell them I love them," she said. "Other days I want to scream at them and choke them. Most days I am just numb. When two people you love say two different things, and only one of them can be right, you have to choose the one you believe. You do this knowing you will lose the other."

Reported in *Cleveland Plain Dealer*, June 19, 1993 from testimony given by families. The person quoted has been a therapist for 10 years, and said her two sisters have accused their father of molesting them. She said she knows the incidents are untrue, but has trouble dealing with the situation.

Desperately Seeking Reconciliation

"Dear Mom and Dad,

Let's just forget what happened and be a family again.

Love, your daughter"

The person who wrote this note was a sister of a woman who had memories. She believed her sister and then she herself "recovered memories" and accused and cut off from her family. The dad who received this note sent his daughter money so that she could take the bus home. He told us that he was "suspicious about what was under her hat. We

were apprehensive. How do we deal with her now. It's amazing. She was so nice. But at the same time she asked her mom one morning, "Does dad still come home and beat you up?" So we are not over the hump. She is as nice as she can be. She seems to want to pretend that nothing happened during the last three years. The problem is the extended family. They are not ready to pretend anything. They are very angry with her for the hurt she has caused.

"What triggered her return home? The dad said that he thought it was because she needed support after her grandmother's death. They had been very close."

Dealing with the Real Problem

Barbara said that the turning point for her was a friend who pointed out that she was not dealing with something very painful. Barbara had lost a baby and suffered severe depression. She went into therapy and "recovered memories." She accused and cut off her family and worked on her memories for three years.

What did her friend say that could have had such an effect? "I understand what you are saying is very real. What I am saying doesn't mean I don't believe you." I got very defensive and said, "Are you saying I'm a liar?"

Barbara told us that, "I apologized to my parents. Sometime after that, I picked up an FMSF newsletter in my parents' home. I was so scared of FMSF. I thought Mom had joined a cult. But after what my friend said, I could really relate to the things that were in the newsletter."

Barbara said that she went to talk to her therapist about this, about the terrible hurt that she had caused her family by accusing them of abuse. The therapist told her that "hurting yourself and your family was all a part of your recovery process." Barbara said, "I wanted no part of that."

A Retractor

Casting Out Demons

I recently heard a mental health professional describe therapists as the "secular high priests of our society." That started me thinking. Given that religious metaphor, could recovered memory therapy be interpreted as a casting out of demons or exorcism? It seems that patients are told that in order to get better they must find the memories that are repressed (demons ?) so that they can be brought to the conscious mind to be expelled.

A Professional

Too Late

"I confronted my mother. She told me that she had nothing more to live for, and she drove her car off a bridge. She is dead. Now I'm not sure about the memories."

Left on FMSF Answering Machine

Studies Reveal Suggestibility of Very Young as Witnesses

Daniel Goleman, June 11, 1993

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The testimony of small children has usually been considered truthful unless proved otherwise. Over the past decade such testimony has led to convictions in many child-abuse cases, and the younger the child, the less likely psychologists have thought it was that information could have been fabricated. But now a series of recent studies has turned this conventional wisdom on its head.

Researchers have found new evidence that persistent questioning can lead young children to describe elaborate accounts of events that never occurred, even when at first they denied them.

The research is at the center of a continuing scientific debate over the vexing question of how much judges and juries should rely on a child's word when that is the only evidence of abuse.

While earlier research raised questions about the reliability of small children's accounts of sexual abuse, the new experimental studies are the first ones based on the methods commonly used to question children in legal cases.

These methods are used by investigators in cases like that of Margaret Kelly Michaels, the preschool teacher whose 1988 conviction on 115 counts of sexually abusing 19 children was overturned in March by a New Jersey appeals court. The charges against Ms. Michaels were based solely on assertions made by the 3- to 5-year-old children after they were extensively interviewed by investigators.

"Many people who specialize in these cases have a preconceived notion of what happened, and in the course of questioning suggest it to the child who then report it as though it were true," said Dr. Maggie Bruck, a psychologist at McGill University. She and Dr. Stephen Ceci, a psychologist at Cornell University, published a review of scientific studies of children's suggestibility in the current issue of *Psychological Bulletin*.

Some researchers fear that the new findings will be used to muzzle investigators, leaving them unable to get children to report sexual abuse when it has actually oc-

curred.

"It may take a certain amount of leading questioning to get a sexually abused child to disclose it," said Dr. Gail Goodman, a psychologist at the University of California at Davis who was co-editor of "Child Victims, Child Witnesses: Understanding and Improving Testimony," published last year by Guilford Press.

An estimated 20,000 children testify in sexual-abuse trials each year, and as many as 100,000 are involved in investigations, many of which never go to trial.

The new research focuses on children 6 years old and younger. A recent study of nearly 800 children identified as probable victims of sexual abuse in New York State found that close to 40 percent were in this age group.

Children Concoct Stories

Certain techniques often used by investigators with young children increase the likelihood of false reports, the findings show. One is persistent, repeated questioning over periods of several weeks. When sexual abuse is suspected, children are typically asked the same questions by case workers, police investigators and lawyers, as well as parents, before they testify in court.

But that repetition may lead some young children to concoct stories, according to results of a study by Dr. Ceci and colleagues reported last

How the Question Can Become the Answer

Excerpts from interviews of a 4-year-old boy to whom the interviewer said each week for 11 consecutive weeks: "You went to the hospital because your finger got caught in a mousetrap. Did this ever happen to you?"

First interview: "No. I've never been to the hospital."

Second interview: "Yes. I cried."

Third interview: "Yes. My mom went to the hospital with me."

Fourth interview: "Yes, I remember. It felt like a cut."

Fifth interview: "Yes." [Pointing to index finger.]

Eleventh interview: "Uh huh. My daddy, mommy and my brother took me to the hospital in our van. The hospital gave me a little bandage and it was right here." [Pointing to index finger.]

The interviewer then asked: "How did it happen?"

"I was looking and then I didn't see what I was doing and it [finger] got in there somehow. . . . The mousetrap was in our house because there's a mouse in our house. . . . The mousetrap is down in the basement next to the firewood. . . . I was playing a game called 'Operation' and then I went downstairs and said to Dad: 'I want to eat lunch,' and then it got stuck in the mousetrap. . . . My daddy was down in the basement collecting firewood. . . . [My brother] pushed me [into the mousetrap]. . . . It happened yesterday. The mouse was in my house yesterday. I caught my finger in it yesterday. I went to the hospital yesterday."

month at a meeting on emotional memory at the University of Chicago.

In the study of children from 4 to 6, parents helped researchers make a list of two events that had occurred in each child's life and eight that had not. In weekly sessions, the researchers reviewed the list with the child, asking for each event, "Has this ever happened to you?"

One 4-year-old boy, for example, answered truthfully, "No, I've never been to the hospital," the first time he was asked if he had ever gone to the hospital because his finger had got caught in a mousetrap.

But the next week, in response to the same question, he volunteered, "Yes, I cried." And by the 11th week of questioning, he was offering an elaborate tale about his brother's pushing him into the mousetrap, near where his father was getting firewood.

Such accounts were common. By the 11th week, 56 percent of children reported at least one false event as true, and some children reported all the false events as true, Dr. Ceci said.

"The more often you ask young children to think about something, the easier it becomes for them to make something up that they think is a memory," he said.

What is more, the accounts of those false memories are often quite believable. Dr. Ceci has shown videotapes of children recounting both true and false "memories" to more than 1,000 professionals who specialize in cases of child abuse, including lawyers, social workers and psychiatrists.

Use of Dolls Criticized

"The experts are correct about whether the child's account is accurate about one-third of the time," Dr. Ceci said. "That's worse than chance."

Anatomically detailed dolls, which are often used in investigations of child abuse, have also been called into question by recent research findings. At the University of Chicago meeting, Dr. Ceci and his colleagues reported preliminary results from a study in which they questioned 3-year-olds who had just been given a physical examination. Half the exams included a standard inspection of the child's genitals, half did not. Of those children who received no genital exam, 38 percent answered, "yes," when a researcher pointed to the doll's genitals and asked, "Did he touch you here?"

When the question was posed in a leading fashion, using the child's own word for genitals, 70 percent of children who had received no genital exam indicated incorrectly that the doctor had touched their genitals.

Skewing of Memories

The children are not being intentionally misleading, Dr. Ceci said, but are simply very poor at recalling and explaining what happened.

That uncertainty may partly explain why adults who have a fixed idea of what has happened to a child can often get the child to agree. In another study by Dr. Ceci and his colleagues, interviewers were misled about details of a game played by preschool children. The interviewers eventually got a third of 3- and 4-year olds to corroborate at least one of the things the interviewers mistakenly believed had happened.

The very stressfulness of an event like sexual abuse can make children give false reports. "If the original situation was very stressful, it can narrow a child's perception so that later memories won't be as accurate," said Dr. Douglas Peters, a psychologist at the University of North Dakota, whose research shows that distressing situations increase the mistakes children make in recounting them.

Earlier studies of young children's suggestibility led to the conclusion that they could be swayed only about minor details, not the main facts of what had happened to them. But his review of the recent data has led Dr. Ceci to a different conclusion.

Changes Recommended

"We find nothing in a child's memory is impervious to being tainted by an adult's repeated suggestions," Dr. Ceci said. "We find from reading transcripts of investiga-

tions that in many sex-abuse cases the adults not only pursued a hypothesis about what happened, but were sometimes even coercive in getting children to agree. They went far beyond anything we could do ethically as researchers."

Dr. Ceci and Dr. Bruck, in an article to appear in the fall in a report by the Society for Research in Child Development, recommend that people investigating possible cases of child abuse change their procedures, for example, by avoiding repeated suggestions or putting much emphasis on evidence from anatomical dolls.

"The bottom line is that even very young children can give accurate accounts if the interviewers haven't usurped their memory through repeated suggestive or leading questions," Dr. Ceci said. "Interviewers ought to safeguard against this by testing at least one alternative plausible hypothesis about what happened. If they fail to do this, they're in danger of confirming their own bias by unduly influencing and distorting the child's memory."

But other researchers feel that the cautions are misplaced. "Research that focuses only on children's suggestibility gives only part of the picture," Dr. Goodman said. Sexually abused children are often "very reluctant to admit it," she said, adding, "If your recommendations are based only on avoiding suggesting things to children, it runs the risk of tipping the balance too far, so you get many fewer disclosures of abuse."

A Sense of Urgency

Citing a study in which 43 percent of young children diagnosed with sexually transmitted diseases denied having been sexually abused, Dr. Lucy Berliner, director of research at the Harborview Sexual Assault Center in Seattle, said: "Sometimes your sense of urgency with kids you know are victims makes you feel you need to do whatever is necessary to help the child tell what happened. If that leads to a coercive approach, it's motivated by concern."

Dr. Berliner added: "If you've ever tried to interview a 4-year-old about a sensitive topic, you'll see it's rarely productive just to ask, 'Is there anything you want to tell me about?' That's what police or caseworkers' face. They argue that we'll never find out anything if we can't ask specific questions."

(Steven Ceci whose research is described in the above article is one of the six members of the American Psychological Association Task force to examine issues related to FMSF.)

Correction

In the June newsletter we incorrectly named Robert Ornstein as a member of the APA Task Force on false accusations. The correct member is Peter Ornstein.

Notice

We are collating methods FMSF members use to maintain contact with their grandchildren. Have you found a way to keep in touch, to help them understand the separation, or to leave a non-judgmental message for them if reconciliation does not ensue? Please tell us. These suggestions will appear in a future FMSF Newsletter. Thank you. Jeanne Conway,

13415 Shaker Blvd, Cleveland, Ohio 44120

216-921-6130

The London Ontario Free Press

Wednesday, May 3, 1993

Reprinted with permission of M.A. Harris

LETTERS TO THE EDITOR**Misguided therapy as bad as abuse**

The disparagement conveyed by representatives of London's Sexual Assault Centre, *Syndrome advocates symbolize resistance* (Feb. 6), against the feature, *Memory: real or imagined* (Dec. 28) sharply contrasts with my own reaction of tremendous relief. The truth was finally emerging about some of the so-called "victims of abuse."

For seven long years of my life, I labored under the diagnosis of multiple personality disorder. It began simply enough with bulimia but, after seeking psychiatric help, I was told that all eating disorders evolve from sexual abuse in childhood.

In order to get better, I would have to uncover all the repressed memories of this abuse. Hypnosis yielded drastic fables of the past which were related to me in detail.

The proponents of false memory syndrome are not attempting to negate the all-too-real existence of genuine sexual abuse. What they are doing is exposing the invalid results of overactive imaginations combined with low self-esteem and high desires to please therapists.

My psychiatrist was understandably fascinated with my various personalities, however fictional. A book was being written. Videos were made. My intermittent cries of denial about the abuse were rejected as "an unwillingness to co-operate." The interpretation that "she must be hiding more of these repressed memories" led to even more intensive psychotherapy and hypnosis.

Seven years later, including lengthy stays in hospital and countless emotional crises, brought about loss of job, husband, children and any feelings of self-worth I had ever possessed.

Five years later, I am still in the process of rebuilding my shattered life. Your original article was valuable confirmation that my case has not been so unique and that misguided therapeutic adventurism can be every bit as damaging as primary sexual abuse.

M. A. HARRIS

Many families tell us that the following book is very helpful.

Combatting Cult Mind Control:

Protection, rescue, and recovery from destructive cults

Steven Hassan, a former cult member

Park Street Press

P.O. Box 388

Rochester, VT 05767

\$12.95 plus \$2.50 shipping

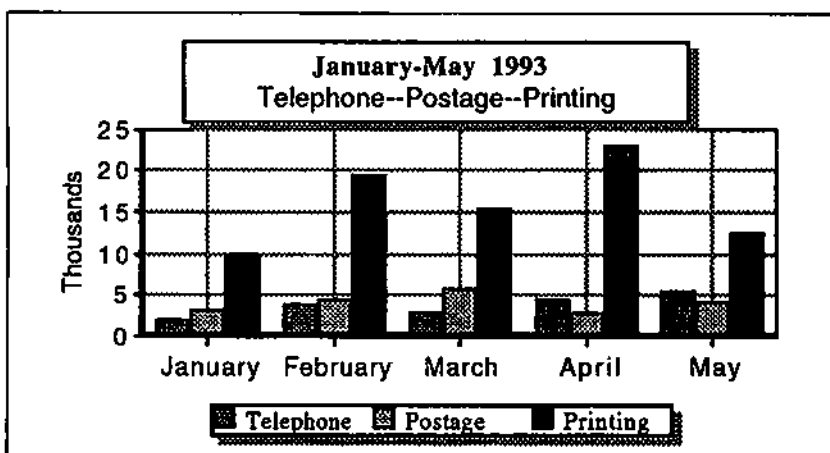
FMSF FINANCES

The False Memory Syndrome Foundation came into being on March 14, 1992 and the fiscal year runs from March 1 to February 28. This first year, we employed an external auditing firm, Rudolph, Palitz, to prepare a financial report. The audit began the day after the Memory and Reality Conference ended. As of the writing of this newsletter, we have approved the draft report and are awaiting the final report.

Income for the fiscal year that ended February 28, 1993 was \$365,485. Of that amount, \$30,000 was received from Foundations, and the balance from dues and contributions which included the unpaid service of the Executive Director. The Foundation meets the criteria of a 501C-3 category foundation.

Program services accounted for \$210,379 worth of expenses and supporting services were approximately \$74,000.

Most of the money spent was for printing, telephone and postage. We have graphed expenses in these categories from January through May of 1993 to give an idea of the operation. During this period, we have averaged 50,000 pages of copying and 100,000 pages of printing each month. We have never



employed a PR firm although several agencies have contacted us to offer their services. FMSF currently has 10 telephone lines, a staff of 8 dedicated employees and hundreds of hard-working volunteers across the country. Visitors to the office usually comment, "You need more help." They are right. We do.

Audited financial statements for fiscal year ending 2/28/93 are available for inspection in the Philadelphia office.

Does False Memory Syndrome Really Exist?

Letters to Editor

Washington Post

Washington, DC 20071

Dear Editor,

I read the article by my colleague Dr. Keith Ablow on "Recovered Memories" and write with counter concerns. No one is denying that child abuse occurs, nor that patients who were sexually abused as children need treatment. Where the argument arises - and where psychiatrists must demonstrate professional skills - is in differentiating misbeliefs about the past from the real thing. Dr. Ablow is dubious that psychotherapists "can create detailed scenarios of abuse out of nothing."

However, false beliefs were the source of the 17th century episode of hystero-epilepsy in the Salpetriere hospital of Paris in the 1880s. Contemporary examples in-

clude the many in Boston and New York persuaded by therapists and hypnotists to remember how they were carried off by extra-terrestrial aliens onto spaceships and the elaborate, therapy generated, false beliefs over a satanic cult in Washington state reported in last month's New Yorker. There are occasions when therapists and counselors did, with all deference to Dr. Ablow, "persuade vulnerable patients to believe that events occurred in their lives when they did not."

Just as there is epilepsy and pseudo-epilepsy (and the treatments are different), so there are memories and pseudo-memories. It is up to psychiatrists tell the difference and demonstrate how they do so.

This is one reason for coining the term "false memory syndrome." Dr. Ablow believes it may be employed "to silence real victims.. by defining accusers as unreliable." But surely the unvalidated diagnosis "incest survivor" can equally and unjustly silence innocent family members fearful of the public shame of the charge itself. The term - false memory syndrome - forces on all of us an exercise in evaluation before therapy.

Dr. Ablow and I agree when he says "every case of reported abuse, even those remembered long after the fact, needs to be taken seriously." "Seriously" means that a scrupulous search for corroborating evidence must be launched on every occasion. However, therapists committed to the recovery of lost sex abuse memories in their patients seldom make a systematic effort to seek evidence. Attempts to give contradictory information to them prompts no cooperation. Instead one is accused of being in league with abusers!

Dr. Ablow implies, from the research of Dr. Judith Herman, that corroborating evidence is available in most cases. It, therefore, is not too much to demand that it be sought. If not found, then a therapist should reconsider the diagnosis and weigh the possibility of a false memory syndrome. Those patients who suffer from the effects of actual abuse will be confirmed and properly treated. Those patients who have been inadvertently swept into a world of fear and suspicion will be reunited with their family and therapy directed towards their actual problem.

Yours sincerely,

Paul R. McHugh, M.D.

Department Director

Department of Psychiatry and Behavioral Sciences

Johns Hopkins Medical Institutions

In response to many questions -- The committee that is working to revise the *Diagnostic and Statistical Manual III R.*, the book that provides standard criteria for making mental health diagnoses, and is the basis on which insurance companies make their payments is headed by:

Allen Frances, M.D.

Chair of the Work Group to Revise the DSM-III-R

American Psychiatric Association

3/12 Stoneybrook Drive

Durham, NC 20775

How could this happen to my child?

How could this happen to my child? This is the question parents ask themselves over and over and over. "None of this makes sense," they say. "We were a close family." And that's what the survey data indicate. That's what the "pre-memory" letters to parents confirm. How then could this happen? A possible explanation was presented by George Ganaway at the Memory and Reality conference. His paper, "Dissociative disorders and psychodynamic theory: trauma versus conflict and deficit" is now available. Following is an excerpt.

"This is what I believe is happening in MPD and related 'survivor' therapies that involve considerable suggestion, manipulation and education directed toward externalizing the cause of the patient's symptoms. The problem is that in some cases neither the patient nor the therapist is aware that symptom substitution is the actual process by which the patient appears to be making progress in treatment and sometimes feeling better. Both may mistakenly believe that they are getting to the true cause of the problem. Here is a clinical illustration to demonstrate this point:

An unmarried 25 year-old woman for various complex psychodynamic reasons has unresolved early separation and individuation conflicts with her parents, leaving her with a feeling of hostile dependence on them -- a kind of "love-hate" relationship that she is unable consciously to understand or reconcile to her satisfaction. She has a history of a high level of achievement both in her personal and vocational life, but a low level of self-confidence and constant need for approval and validation from others to maintain her self esteem.

Through transference she may displace her dependency onto the therapist, who becomes in the patient's unconscious fantasies (and perhaps consciously as well) an ideal substitute mother figure who will be all-accepting, all-believing, and all-approving, offering the patient a mechanism by which she finally can separate from her parents.

However, to do this she must develop a new symptom with the permission and possibly the encouragement of the therapist, in the form of a belief that her parents committed such heinous crimes against her during childhood that her previously unacceptable and troublesome anger toward them now is logically explained and totally justified. Additionally, she now also has a good excuse literally to "cut the umbilical cord" or life-line to her parents by severing all ties with her family or origin based on her new beliefs about what they "did" to her.

The problem, of course, is that this new symptom is hardly a benign one if, in fact, the newly recollected childhood abuse experiences never actually occurred. Further complicating matters is the probability that the patient now is enmeshed in a dependent relationship with her supportive therapist instead, which could result in the patient becoming what is referred to in the psychoanalytic literature as a "therapeutic lifer" (Bavard, 1990).

Parents have said this explanation makes a lot of sense to them.

FMSF MEETINGS**FAMILIES & PROFESSIONALS
NETWORKING TOGETHER**

Notices for meetings scheduled in September and October must reach us by August 25th in order to be included in the **August/September** newsletter. Please mail or fax your announcement to Attn: Nancy.

WESTERN STATES**ALASKA**

Statewide Organizational Meeting
Saturday, July 17, 1993 - 10 am
"Perspectives on Recovered Memories"
on tape with Paul McHugh, MD
Contact Kathleen (907) 333-5248

OREGON

Sunday, July 18, 1993 - 12 noon - 4 pm,
Hospitality Center, Roth's Salem West
425 Glen Creek Drive, NW, Salem, OR
Contact Rosemary (503) 362-1301

CALIFORNIA*

Greater Los Angeles Area
1st and 3rd Mondays, 7:30 pm
Contact Marilyn (909) 985-7980

Northern California

Saturday, August 14, 1993 - 11:45 am
Luncheon Meeting (\$16.00)
California Cafe, Yountville
Please reply before August 5
Contact Bill or Danielle (707) 944-1892

*Notices will be sent by area for other groups

MONTANA

Saturday, August 21, 1993
time & location to be determined
Guest: Pamela Freyd
Contact Dr. Cannell (406) 721-5600

COLORADO

4th Saturday each month - 1:00 pm
Cherry Creek Branch, Denver Public Library
3rd & Milwaukee, Denver
Contact Roy (303) 221-4816

IOWA

Saturday, July 10, 1993 - 9:30 am - 3:00 pm
West Des Moines
For information & location, call
Gayle or Betty (515) 270-6976

MIDWESTERN STATES**KANSANS & MISSOURIANS**

"We need your help to educate professionals"
2nd Sunday each month, Kansas City
For details, call
Pat (913) 238-2447 or Jan (816) 276-8964

NORTHEASTERN STATES**WESTERN NEW YORK**

Tuesday, August 3, 1993 - 7:30 p.m.
First Presbyterian Church of Pittsford
21 Church Street, Pittsford, NY
Contact Loni (716) 385-4873

PHILADELPHIA/SOUTH JERSEY

2nd Saturday of each month
1:00 pm same place
Call (215) 387-1865 for details

NEW ENGLAND AREA MEETING

Sunday, July 25, 1993 - 1:00 pm
Howard Johnson's, Chelmsford, MA
Contact Jean (508) 250-1055

SOUTHERN STATES**VIRGINIA, WEST VIRGINIA
& WASHINGTON, DC**

Saturday, August 21, 1993 - 1-8 pm
Holiday Inn South, Charlottesville
Contact Nina (703) 342-4760
or Maryanne (703) 869-3226

FMSF NOTICES**MICHIGAN**

The Michigan Information Newsletter
P O Box 15044, Ann Arbor, MI 48106
(313) 461-6213

Notices about meetings and state related topics
appear in this newsletter.

WISCONSIN

Attention Wisconsin!
We want to start a telephone tree.
If you wish to participate,
please call Katie or Leo (404) 476-0285.

UNITED KINGDOM AFFILIATED GROUP

Adult Children Accusing Parents
Parents with relatives in the UK can contact
Roger Scotford at ACAP on (0) 225 868682

FALL MEETINGS**NEW MEXICO**

Thursday, September 16, 1993
 Guest Speaker: Eleanor Goldstein
 Contact Barbara (602) 924-4330

ARIZONA

Saturday, September 18, 1993
 Guest Speaker: Eleanor Goldstein
 Contact Jim (602) 860-8981

TRI-STATE MEETING

Connecticut/New York/New Jersey
Sunday, September 19, 1993 - 1:00 pm
 West Side Jewish Center, Manhattan
 Speakers: Richard Gardner, MD & Steve Hauck, Atty.
 Contact Renee, (718) 428-8583
 Grace (201) 337-4278 or Barbara (914) 761-3627

NATIONAL

FMSF Organizational Meeting
Kansas City
October 2 & 3, 1993
 Call Nancy for information.
 215-387-1871

FLORIDA

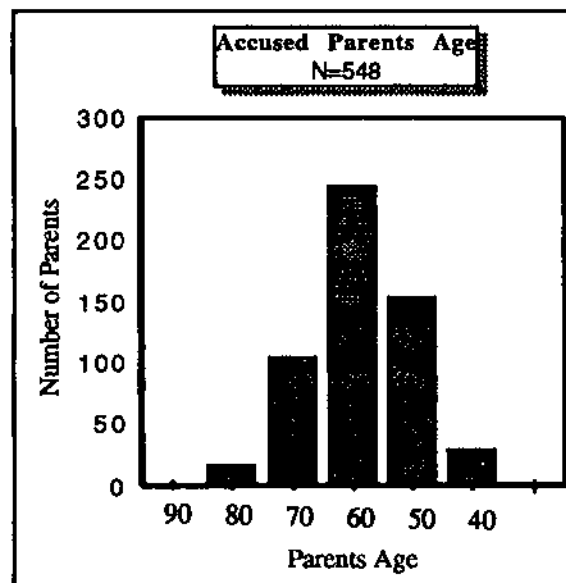
State-wide Meeting - Orlando
Saturday-Sunday, October 9-10, 1993
 Best Western Buena Vista Hotel
 For information, call Esther (407) 364-8290
 Rose (305) 974-0095 Jackie (813) 273-3246

Age of Accused

(from FMSF Family Survey Data)

"I'm 78. I don't want to die with a question over me."

The chart below shows the age of the people who contact FMSF. To accuse people, to find them guilty with no evidence or opportunity to defend themselves, to sentence them to "shunning"-- is this civilized behavior? This is 1993 and this is really happening.

**Additional Memory and Reality Papers Available**

Emon	<i>Occult Cop</i>	4.00
Ganaway	<i>Dissociative Disorders: Trauma vs. Conflict and Deficit</i>	4.00
Loftus	<i>Women who remember too much</i>	4.00
McHugh	<i>Historical Perspective on Recovered Memories</i>	4.00
Singer	<i>Therapist Zeal and Pseudomemories</i>	4.00

Other recent magazine or newspaper articles available:

Gardner, Martin	<i>Skeptical Inquirer</i> , Summer 1993	
	"Notes of a Fringe Watcher"	2.00
Hochman, Gloria	<i>Philadelphia Inquirer Magazine</i> 6/6/93	
	"Prisoners of Memory" **	2.00
Meacham, Andrew	<i>Changes</i> , April 1993	
	"Presumed Guilty"	2.00
Nufer, K.W.	<i>The Post-Crescent</i> , May 23, 1993	
	Devastated by a false accusation	1.00
Safran, Clair	<i>McCalls</i> , June, 1993	
	"Dangerous Obsession"	2.00
Sharkey, M. A.	<i>Plain Dealer</i> , Feb 28, 1993	
	"Abused on the Therapist's Couch"	1.00
Taub, P.	<i>Syracuse Herald American</i> , May 30, 1993	
	"Remembered abuse foster problems"	1.00
Watters, Ethan	<i>Mother Jones</i> , Jan/Feb, 1993	
	"Doors of Memory"	2.00

** Permission to reprint requested but not granted yet.

True Stories of False Memories

by Eleanor Goldstein and Kevin Farmer
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FMSF will receive 40% of the cover price for all orders
 mentioning the FMS Foundation

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FMS Foundation

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 Philadelphia, PA 19104-3315
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Pamela Freyd, Ph.D., Executive Director

A combined August-September newsletter will be mailed
 soon after Labor Day.

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